MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL

SUBJECT: Electrical Osteogenic Stimulation (Invasive and Noninvasive) APPLIES TO: MHP☒ MLTCP☒ MSSP☒ HEALTHSELECT☒	Protocol #: PA P231.03 Protocol Pages: 2 Attachments: Yes☐ No☒ Initial Effective Date: June 1999 Latest Review Date: November 2002

MIHS HEALTH PLANS APPROVALS:

Operations Director _____ Date:_____

Medical Director:_____Date:_____

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Electrical Osteogenic Stimulation (Invasive and Noninvasive).

PROTOCOL:

A. Overview:
Electrical stimulation to augment bone repair can be attained either invasively or noninvasely. Invasive directly stimulates the fracture site through invasive electrodes or wires. Noninvasive devices place opposing pads over the cast, thereby creating a magnetic field at the fracture site.

B. The prior authorization specialist may approve **with prior authorization nurse review** and if any of the following are present:

1. Invasive Stimulator
   a) A three (3) month history of nonunion of long bone fractures documented radiologically;

   b) As an adjunct to spinal fusion surgery for patients who have failed previous spinal fusion at the same site **and/or**

   c) Patients undergoing spinal fusion at three (3) or more levels.

2. Noninvasive Stimulator
   a) A three (3) month history on nonunion of long bone fractures documented radiologically;

   b) Failed fusion where a minimum of nine (9) months have elapsed since the last surgery;

   c) Congenital pseudoarthrosis;

   d) As an adjunct to spinal fusion surgery for patients who have failed previous spinal fusion at the same site;

   e) Patients undergoing spinal fusion at three (3) or more levels **and**

   f) Patients who are non-smokers.

C. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.

D. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.

E. If requirements are not met, Medical Director review is required.